



Financial Planning Form

Name:		DOB:
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Address:

Email:		Contact:	
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Family Details

Sr. No.	Name	Age/DOB	Relationship
1			
2			
3			
4			
5			
6			

Income Expenditure Statement

Sr. No.	Family Income	Annual Amount	Monthly Amount
1	Husband's Income		
2	Wife's Income		
3	Rental Income		
4	Investment Income		
5	Other Incomes		

Sr.No.	Family Expenses	Annual Amount	Monthly Amount
1	Household Expenses		
2	Life Style Expenses		
3	Dependent Expenses (Parents/Children)		
4	Insurance Premiums (Life/Medical/Vehicle)		
5	Loan EMIs (Home/Car)		
6	Ongoing Investments (SIP/RD/FD)		

Assets Liabilities Statement

Sr. No.	Assets	Current Value
1	Savings Bank Balance	
2	Fixed Deposits	
3	EPF / PPF Balance	
4	NSC / POMIS / KVP / RDs etc	

5	Insurance Policies Current Value - Traditional	
	- ULIP	
6	Bonds/Debentures/CDs	
7	Mutual Funds	
8	Gold ETFs	
9	Direct Equity	
10	House where Residing	
11	Real Estate Investments	

Sr. No.	Liabilities	Current Outstanding
1	Home Loan	
2	Car Loan	
3	Personal Loan	
4	Other Loans	

Responsibilities and dreams - Fill whichever applicable

S.No	Responsibilities	Amount needed in Today's value	Time Horizon
1	Emergency Funding		
2	Retirement Corpus		
3	House Purchase		
4	Children's Education - Son/Daughter 1		
	Son/Daughter 2		
5	Children's Marriage - Son/Daughter 1		
	Son/Daughter 2		
6	Child-birth Expenses		
7	Parents Medical Fund		
8	Loan Prepayment		
9	Self-Higher Education		

S.No	Dreams	Amount needed in Today's value	Frequency/ Time Horizon
1	Vacation - Recurring		
2	International Vacations		
3	Car Purchase		
4	New Venture Start Up		
5	Son/Daughter Setup		
6	Home Renovation		
7	Holiday Home		
8	Family Gifting		

9	Club Memberships		
10	Learn a Hobby		
11	Charity		

Insurance

1	Total Life Cover	
2	Total Premium	
3	Term period of Policy	

Mediclaim / Health Insurance

1	Name of Policy	
2	Type of Policy	
3	Sum Insured	
4	Premium amount	

